



Supplemental Application Data Sheet

Application Information

Application number:: 10/815,340
Filing Date:: 03/30/04
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R???:
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)??:
Number of copies of CRF::
Title:: MUCOSAL CYTOTOXIC T LYMPHOCYTE
RESPONSES
Attorney Docket Number:: 015280-368230US368240US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 17
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jay
Middle Name:: A.
Family Name:: Berzofsky
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 5908 Bradley Blvd.
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20814-1107

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Russian Federation
Status:: Full Capacity
Given Name:: Igor
Middle Name:: M.
Family Name:: Belyakov
Name Suffix::
City of Residence:: Gaithersburg
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 10230 Wild Apple Cir.
City of Mailing Address:: Gaithersburg
State or Province of mailing address:: MD

Country of mailing address:: US
Postal or Zip Code of mailing address:: 20879

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: A.
Family Name:: Derby
Name Suffix::
City of Residence:: Germantown
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 11413 Herefordshire Way
City of Mailing Address:: Germantown
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20876

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brian
Middle Name:: L.
Family Name:: Kelsall
Name Suffix::
City of Residence:: Washington
State or Province of Residence:: DC
Country of Residence:: US
Street of Mailing Address:: 5030 Eskridge Terrace NW
City of Mailing Address:: Washington

State or Province of mailing address:: DC
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20016

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Warren
Middle Name::
Family Name:: Strober
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 8301 Whittier Blvd.
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20817

Correspondence Information

Correspondence Customer Number:: 20350 45115

Representative Information

Representative Customer Number:: 20350 45115

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application 09/508,552 PCT/US98/19028	Division of National Stage of Application claiming	09/508,552 PCT/US98/19028 60/058,523	06/12/00 09/11/98 09/11/97

PCT/US98/19028 benefit under 35 U.S.C.
119(e)(1) of
Application claiming 60/074,894 02/17/98
benefit under 35 U.S.C.
119(e)(1) of

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: Health and Human Services, The Government of the United States of America, as Represented by the Secretary of the Department of Health and Human Services

Street of mailing address:: 6011 Executive Blvd., Suite 325

City of mailing address:: Rockville

State or Province of mailing address:: MD

Country of mailing address:: US

Postal or Zip Code of mailing address:: 208